

Alcohol-Related Deaths Northern Ireland

Information Paper

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Introduction

The purpose of this information paper is to inform users about the quality of Alcohol-related death Statistics in Northern Ireland. This document provides a range of information that describes the quality of the data and details any points that should be noted when using the outputs.

Background to Alcohol-Related Data

The Northern Ireland Statistics and Research Agency (NISRA) produce data on births, deaths, marriages, civil partnerships and adoptions from civil registration events which are registered with the General Register Office (GRO). Alcohol-related figures are derived from cause of death recorded when a death is registered in Northern Ireland. Statistics are published annually and include counts and death rates for all alcohol-related deaths registered in Northern Ireland.

Statistics which are produced from vital events registered in Northern Ireland are of a high quality and should have complete population coverage as it is a legal requirement to register all such events that occur in Northern Ireland.

Contacts

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Relevance

The degree to which the statistical product meets user needs in both coverage and content.

The annual **Alcohol-Related Deaths, Northern Ireland** release presents statistics on the most recent official death registration data available on alcohol-related mortality across Northern Ireland (NI). These figures were first published in 2001.

While alcohol-related deaths account for less than 2 per cent of all deaths in NI, there has been a general upward trend in the number of such deaths, rising from 120 in 1995 to more than twice as many in 2015 (310). With this known effect on premature mortality, there is considerable political, media and public interest in these figures and they are used by a range of public bodies, including the Department of Health (DoH) and the Public Health Agency (PHA). In addition alcohol-related data is also used by academia to investigate trends in drug related deaths and the effectiveness of public interventions.

NISRA's annual release presents figures on alcohol- related deaths in NI from 2001 and are broken down by cause of death, sex and geographic indicators relating to the usual residence of the deceased.

The Department of Health, NI (DoH) use alcohol-related death statistics to inform policy and monitor the strategy: New Strategic Direction for Alcohol and Drugs - Phase 2, the aim of which is to reduce the level of alcohol and drug related harm in Northern Ireland.

How the Output is Created

Source Data

Alcohol-related death statistics are derived from annual deaths registration data and represent all alcohol-related deaths registered in Northern Ireland in the specific calendar year. The deaths file is a static file available at the time the dataset is closed (31st December). Revisions to registration records can still be made after the dataset has been finalised but these will not be reflected in the annual dataset or in published statistics. However, such revisions are limited and are highly unlikely to have an effect on the published statistics.

The annual drug-related deaths dataset includes:

- 1. All alcohol-related deaths registered by the 31st December of the reference year.
- All alcohol-related deaths where the deceased's usual residence is outside Northern Ireland, where the death occurred in Northern Ireland (non-resident) and was registered by the 31st December of the reference year.
- 3. Alcohol-related deaths to both resident and non-residents occurring in the year(s) prior to the reference year which were registered within the reference year.

What the dataset doesn't include:

- 1. Alcohol-related deaths to resident and non-residents occurring in the reference year, which are registered in subsequent years.
- 2. Alcohol-related deaths of individuals usually resident in Northern Ireland who died abroad.

Definition

The definition of alcohol related deaths in NI is the UK-wide harmonised definition which only includes those causes of death regarded as most directly due to alcohol consumption. It includes all deaths from chronic liver disease and cirrhosis (excluding biliary cirrhosis), even when alcohol is not specifically mentioned on the death certificate.

Apart from deaths due to accidental poisoning with alcohol, the definition excludes any other external causes, such as road traffic deaths and other accidents, and also excludes suicides and homicides where alcohol may have played a role in the circumstances leading to death. The definition also does not include any proportions of causes where alcohol has been shown to have some causal link.

Alcohol-Related Death - this is when the underlying (i.e. primary) cause of death recorded on the death certificate is most directly due to alcohol consumption. These deaths can be identified solely through the <u>International Classification of Diseases (ICD)</u>. The current National Statistics definition and the ICD ninth (ICD-09) and ICD tenth (ICD-10) revision codes used to define alcohol-related deaths are given in Table 1 overleaf.

Table 1: ICD9 and ICD10 codes relating to Alcohol-Related Deaths

ICD-10 Underlying Cause Code	ICD-09 Underlying Cause Code	Description
F10	291, 303, 305.0	Mental and behavioural disorders due to use of alcohol
G31.2		Degeneration of nervous system due to alcohol
G62.1		Alcoholic polyneuropathy
142.6	425.5	Alcoholic cardiomyopathy
K29.2		Alcoholic gastritis
K70, K73, K74	571	Chronic liver disease (Alcoholic liver disease, Chronic hepatitis, not elsewhere classified, Fibrosis and cirrhosis of liver (Excluding K74.3-K74.5 – Biliary cirrhosis))
K86.0		Alcohol induced chronic pancreatitis
X45	E860	Accidental poisoning by and exposure to alcohol
X65		Intentional self-poisoning by and exposure to alcohol
Y15		Poisoning by and exposure to alcohol, undetermined intent

The ICD-10 codes currently being used in the UK were introduced as a result of research by the Office for National Statistics (ONS). In November 2005, ONS circulated a discussion paper on potential options for revising its existing definition of alcohol-related deaths to individuals with relevant topic expertise in the following organisations:

Alcohol Concern, British Association for the Study of the Liver, British Liver Trust, Department of Health England, General Register Office for Scotland, Health and Social Care Information Centre, Imperial College, ISD Scotland, Northern Ireland Statistics and Research Agency, Preston Primary Care Trust, Royal College of Physicians and Welsh Assembly Government. The responses to this discussion paper formed the current ICD-10 codes being used across the UK.

Although ICD-09 and ICD-10 are not comparable for alcohol-related deaths, research in England and Wales showed that the introduction of ICD-10 resulted in a difference of less than one per cent in the number of deaths from alcohol related causes compared to using ICD-09.

Accuracy

The proximity between an estimate and the unknown true value.

Alcohol-related death statistics are based on death registration data in Northern Ireland, which is a legal requirement under the Registration of Births and Deaths (Ireland) Act, 1863. All information provided at registration, which is normally provided by one or more family members, is collected by a District Registrar employed by the District Council. The number of cases where a death is not registered is believed to be relatively small and is not considered to adversely affect published results. Death registration data is therefore considered to be both comprehensive and highly accurate.

NISRA code all causes of death mentioned on the death certificate using the *International Statistical Classification of Diseases and Related Health Problems, 10th Revision.* ICD coding rules are then applied to select the underlying cause of death. Deaths in NI are generally certified by a GP and are automatically coded using coding software, but some, including some alcohol-related deaths, are referred to the Coroner. Due to the extra information supplied within the Coroner's forms, cause of death coding may be carried out manually. Manual coding is a potential source of error, however this risk in minimised as the coding is carried out by highly trained, experienced staff who apply ICD coding rules.

Civil Registration Process/Timing of Alcohol Related Deaths

By law, deaths occurring in Northern Ireland must be registered on the Northern Ireland civil register held by the General Register Office (GRONI). A death should be registered no later than five days from the date of death. In practice this does not always happen for a number of reasons. The most relevant being coroner's cases, around 21 per cent of all deaths are referred to the Coroner, however, between 2005 and 2015, 49 per cent of alcohol related deaths were referred to the Coroner.

Alcohol-related deaths in NI refer to the date of registration of the event and not to the date of occurrence. For alcohol-related deaths, which may be referred to the coroner, it can take some time for the event to be registered. However 76 per cent of the alcohol-related deaths recorded between 2005 and 2015 were registered in the year in which they occurred, so these mortality statistics, are much less affected by coroner referrals as some other causes of death, for example, drug related deaths.

Further details on quality of death registration data in Northern Ireland can be found in the <u>Quality</u> <u>Assessment for Northern Ireland Deaths Statistics</u>.

The United Kingdom Statistics Authority has designated these statistics as National Statistics, in accordance with the Statistics and Registration Service Act 2007 and signifying compliance with the Code of Practice for Official Statistics.

Timeliness & Punctuality

Timeliness refers to the time gap between publication and the reference period. Punctuality refers to the gap between planned and actual publication dates.

Headline figures for alcohol-related deaths are released within the Registrar General Annual Report within 7-8 months after the end of the reference year. More detailed breakdowns on alcohol-related deaths follow within 2-3 months (9 - 10 months after the end of the reference year).

The results are based on analysis of all alcohol-related deaths registered within the relevant reference year. This is not necessarily the year these deaths will have occurred (for example, a death that occurs near the end of December 2014 may not be registered until 2015 or later).

The Vital Statistics Publication Schedule is available on the NISRA Website. This is published at the start of each financial year at the following link:

http://www.nisra.gov.uk/demography/default.asp.htm

The <u>UK Statistics Release Calendar</u> provides 28 days advance notice of releases. In the unlikely event of a change to the Publication Schedule, the public would be advised of the change via the NISRA website and any pre-announced dates would be updated on the Release Calendar. A full explanation of the reason(s) for the change would be provided as set out in the Code of Practice for Official Statistics.

Accessibility and Clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

The NISRA website is the primary vehicle for the release of alcohol-related death statistics in Northern Ireland. A combination of narrative, charts, graphs and data (specifically tailored to draw out the key findings from the statistics) may be downloaded in both PDF and Microsoft Excel formats.

Alcohol-related death data by Northern Ireland administrative geographies are available on the Northern Ireland Neighbourhood Information System (NINIS). A combination of interactive maps, charts and data may be created and downloaded in Microsoft Excel, CSV & PDF formats.

Special extracts of Alcohol-related death data for Northern Ireland are available free of charge to authorised third parties subject to approval of a Data Sharing Agreement between GRO and the third party.

Coherence and Comparability

Coherence is the degree to which data that are derived from different sources or methods, but refer to the same topic, are similar. Comparability is the degree to which data can be compared over time and domain.

There is a large degree of comparability in Alcohol-related deaths statistics between countries within the UK. Annual alcohol-related death statistics for the United Kingdom and its constituent countries are all based on the details collected when deaths are registered, and a consistent definition is applied to the derivation of these figures.

In Scotland, a death must be registered within eight days rather than five days as in England, Wales and Northern Ireland. The Procurator Fiscal replaces the coroner system in England, Wales and Northern Ireland and has a duty to investigate all sudden, suspicious, accidental, unexpected and unexplained deaths, and any death occurring in circumstances that give rise to serious public concern.

Throughout the UK, death statistics are based on the number of deaths registered in the reference period. Figures for the UK are produced by ONS compiling data for all jurisdictions.

The definition of alcohol-related deaths used across the UK is consistent but there are some differences in the methods used. For example, all jurisdictions use WHO ICD-10 cause of death coding and internationally agreed rules, but Northern Ireland and Scotland use bespoke software to apply these rules and produce ICD10 codes. ONS use IRIS Software¹ to apply coding rules. Northern Ireland plan to move to IRIS in the near future. All software has been quality tested to ensure coding rules are being applied consistently.

Assessment of User Needs and Perceptions

The processes for finding out about users and uses, and their views on the statistical products.

All Vital Statistics publications specifically invite users to provide any feedback they might have in respect of the content, format and relevance of the release. No negative feedback on Drug Related Deaths has been received as part of this process.

Feedback is also received through regular engagement with policy colleagues in Department of Health and the Public Health Agency.

Performance, Cost and Respondent Burden

The effectiveness, efficiency and economy of the statistical output.

While there is a legislative requirement to register a death within 5 days, there is no subsequent respondent burden unless of course they fail to fulfill their legal obligations in this respect. The production and quality assurance processes, which are considered to be both cost effective and efficient, have been streamlined wherever possible and are kept under review from a continuous improvement perspective.

Confidentiality, Transparency and Security

The procedures and policy use to ensure sound confidentiality, security and transparent practices.

NISRA adhere to the United Kingdom Statistics Authority (UKSA) <u>Code of Practice for Official Statistics</u> and the <u>National Statistician's Guidance on Confidentiality of Official Statistics</u> in the collection and dissemination of death statistics.

Details of Demography & Methodology Branch's approach to data access, physical security and disclosure control are available in the Confidentiality Policy for Population and Vital Statistics available at the following link: http://www.nisra.gov.uk/archive/demography/Confidentiality Policy.pdf

Useful Links

Alcohol-related death statistics in Great Britain and Ireland are available at the following links:

Northern Ireland
England and Wales
Scotland
Republic of Ireland

All media inquiries should be directed to DoF Communications Office:

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